IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

001667 001	DEM
	U.S. PATENT APPLICATION SERIAL NO
	FILING DATE
	INVENTORS
	ASSIGNEE
	GROUP ART UNIT
	EXAMINER
	ATTORNEY'S DOCKET NO.
	TITLE

RESPONSE TO OFFICE ACTION

To: Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

From: L. Grant Foster

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In response to the Office Action dated 10 April 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN **SMALL ENTITY** (Column 1) (Column 2) TYPE [OR NUMBER EXTRA FOR NUMBER FILED FEE RATE FEE RATE 690.00 345.00 **BASIC FEE** OR minus 20= **TOTAL CLAIMS** X\$18= X\$ 9= OR INDEPENDENT CLAIMS minus 3 = X78= X39= OR MULTIPLE DEPENDENT CLAIM PRESENT +260= +130= OR If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL **TOTAL** OR CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY OR (Column 2) (Column 3) Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING ⋖ **TIONAL** RATE RATE TIONAL **PREVIOUSLY EXTRA** ENDMENT AFTER FEE FEE AMENDMENT PAID FOR X\$18= XS 9= Total Minus OR Minus Independent X78= X39= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE ove (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT 8 TIONAL RATE TIONAL RATE **PREVIOUSLY AFTER FXTRA** AMENDMENT FEE FEE **AMENDMENT** PAID FOR Minus X\$ 9= X\$18= Total OR Minus Independent X78= X39 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT FEE ADDIT: FEE (Column 3) (Column 2) (Column_1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT Ç REMAINING RATE TIONAL RATE TIONAL **AFTER PREVIOUSLY** EXTRA **AMENDMENT** FEE PAID FOR FEE AMENDMENT Minus X\$18= Total X\$ 9= OR Minus Independent X78= X39= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR * if the entry in column 1 is less than the entry in column 2, write "0" in column 3 TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE ADDIT, FEE ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

Application or Docket Number